MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				* IND.	DEP.	* IND.	DEP.	* IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/		/				51							
2	/	/	/				52							
3		∅		2			53							
4		∅		/			54							
5		∅					55							
6		∅		/			56							
7		∅		/			57							
8		∅					58							
9		∅					59							
10	/		/				60							
11	/						61							
12		∅					62							
13		∅		/			63							
14		∅					64							
15		∅		/			65							
16							66							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	←		4 ←		←		TOTAL IND.	←		←		←		
TOTAL DEP.			13				TOTAL DEP.							
TOTAL CLAIMS			11				TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)